

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61155

1. Entity Name

INDUSTRIAL VIDEO TECHNOLOGIES, INC.

Principal Place of Business

2025 TYLER STREET
HOLLYWOOD FL 33020
US

Mailing Address

2025 TYLER STREET
HOLLYWOOD FL 33020
US

2. Principal Place of Business

619 N. 21st Ave
Suite, Apt. #, etc.

3. Mailing Address

619 N. 21st Ave
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

D'ALBERT, JOSEPH
1226 NW 125TH TERR
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME DALBERT, RICHARD
STREET ADDRESS 11831 NW 27TH ST
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE VP
NAME D'ALBERT, JOSEPH
STREET ADDRESS 1226 NW 125TH TERR
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph D'Albert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01
Date

954-922-4457
Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90109 019 ***150.00

000032



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0271869 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

0102755

CR2E034 (10/00)